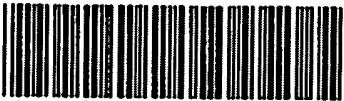


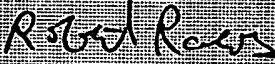

# \*RETURN TO FMF - LOCATION 7540 *Pre Edit*

QUERY CONTROL FORM		RTIS USE ONLY	
Application No. <u>10/002313</u>	Prepared by <u>BRS</u>	<del>Tracking Number</del>	<del></del>
Examiner-GAU <u>RAULS - 2856</u>	Date <u>5-10-04</u>	<del>Week Date</del>	<del></del>
No. of queries <u>1</u>			

JACKET			
a. Serial No.	f. Foreign Priority	<input checked="" type="checkbox"/> k. Print Claim(s)	p. PTO-1449
b. Applicant(s)	g. Disclaimer	l. Print Fig.	q. PTOL-85b
c. Continuing Data	h. Microfiche Appendix	m. Searched Column	r. Abstract
d. PCT	i. Title	n. PTO-270/328	s. Sheets/Figs
e. Domestic Priority	j. Claims Allowed	o. PTO-892	t. Other

SPECIFICATION	MESSAGE
a. Page Missing	<p><i>Print Claim: Claim 31-designated as the Print claim is not an independent claim.</i></p> <p style="text-align: center; font-size: 1.5em;"><i>Thanks</i></p>
b. Text Continuity	
c. Holes through Data	
d. Other Missing Text	
e. Illegible Text	
f. Duplicate Text	
g. Brief Description	
h. Sequence Listing	
i. Appendix	
j. Amendments	
k. Other	
<b>CLAIMS</b>	
a. Claim(s) Missing	
b. Improper Dependency	
c. Duplicate Numbers	
d. Incorrect Numbering	
e. Index Disagrees	initials <u>BRS</u>
f. Punctuation	<b>RESPONSE</b> <i>Changed to 1</i>
g. Amendments	
h. Bracketing	
i. Missing Text	
j. Duplicate Text	
k. Other	
	initials

<b>Issu Classification</b> 	Application No.	Applicant(s)	
	10/002,313	ALLEY, KENNETH	
	Examiner	Art Unit	
	Robert R. Raevis	2856	

ISSUE CLASSIFICATION									
ORIGINAL				CROSS REFERENCE(S)					
CLASS	SUBCLASS			CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)				
73	864.51								
INTERNATIONAL CLASSIFICATION									
G	O	I	N						
				1/00					
				/					
				/					
				/					
				/					
(Assistant Examiner) (Date)				 <b>ROBERT RAEVIS</b> 3-26-04 (Primary Examiner) (Date)				Total Claims Allowed 3	
 (Legal Instruments Examiner) (Date)								O.G. Print Claim(s) 2	O.G. Print Fig 1

<input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant										<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original		
	1		31		61		91		121		151		181		
	2		32		62		92		122		152		182		
	3		33		63		93		123		153		183		
	4		34		64		94		124		154		184		
	5		35		65		95		125		155		185		
	6		36		66		96		126		156		186		
	7		37		67		97		127		157		187		
	8		38		68		98		128		158		188		
	9		39		69		99		129		159		189		
	10		40		70		100		130		160		190		
	11		41		71		101		131		161		191		
	12		42		72		102		132		162		192		
	13		43		73		103		133		163		193		
	14		44		74		104		134		164		194		
	15		45		75		105		135		165		195		
	16		46		76		106		136		166		196		
	17		47		77		107		137		167		197		
	18		48		78		108		138		168		198		
	19		49		79		109		139		169		199		
	20		50		80		110		140		170		200		
	21		51		81		111		141		171		201		
	22		52		82		112		142		172		202		
	23		53		83		113		143		173		203		
	24		54		84		114		144		174		204		
	25		55		85		115		145		175		205		
	26		56		86		116		146		176		206		
	27		57		87		117		147		177		207		
	28		58		88		118		148		178		208		
	29		59		89		119		149		179		209		
	30		60		90		120		150		180		210		

5/13/04